

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10138	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing. Name Lucio Reyes P O Box Bldg. Room No if any Street 745 East Miner Avenue City Stockton State California ZIP Code + 4 95202	4 Name file number and address of labor organization Name Teamsters Local Union 601 Labor Organization File Number 039-153 P O Box Building and Room Number if any Street 745 East Miner Avenue City Stockton State California ZIP Code + 4 95202
5 Position in labor organization Secretary Treasurer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg. Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed	On 8/11/2005 Date	(209) 948 2800 Telephone Number

Name of Person Filing Lucio Reyes	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Joint Benefit Trust Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any P.O. Box 2479 Street 160 Airway Boulevard City Livermore State California ZIP Code + 4 94551-2479	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. Joint Benefit Trust is a multi-employer employee benefit plan that provides health and welfare benefits to the members of Teamsters Local Union 601. The amount in 11b is an estimate of premiums paid on behalf of Teamsters Local Union 601 members in 2004. 11.b. Approximate dollar value of such dealing. \$26,082,000 12.a. Nature of interest held or income received. Item 12b includes reimbursement for travel and incidental expenses incurred while attending periodic trust meetings and the estimated value of lodging and meals provided in connection with such meetings. See attached schedule for dates and locations. 12.b. Amount. \$8,036

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Health Net

Trade Name if any

P O Box Bldg Room No if any

Street 155 Grand Avenue

City Oakland

State California

ZIP Code + 4 94612

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Joint Benefit Trust

Trade Name if any

P O Box Bldg Room No if any P O Box 2479

Street 160 Airway Boulevard

City Livermore

State California

ZIP Code + 4 94551 2479

11 a Nature of such dealing

Health Net provides medical benefits to the members of Teamsters Local Union 601 through Joint Benefit Trust. The amount in item 11b is equal to the premiums paid to Health Net during the Plan year ended April 30 2004

11 b Approximate dollar value of such dealing

\$3 030 857

12 a Nature of interest held or income received

Health Net provided Mr Reyes a trustee of Joint Benefit Trust and his spouse with dinner at Emeril s in New Orleans in conjunction with Mr Reyes attendance at the International Foundation of Employee Benefit Plans annual conference in October 2004

12 b Amount

\$200

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Health Services Benefit Administrators

Trade Name if any HSBA

P O Box Bldg Room No if any P O Box 2479

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551 2479

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name Joint Benefit Trust

Trade Name, if any

P O Box Bldg Room No if any P O Box 2479

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551-2479

11 a Nature of such dealing

Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund. The amount in item 11b are the fees paid to the administrator during the plan year ended May 31 2004.

11 b Approximate dollar value of such dealing

\$3 001 807

12 a Nature of interest held or income received

HSBA provided dinner subsequent to a meeting of the Executive Board of the Teamsters Cannery Council on October 18 2004 in Reno Nevada

12 b Amount

\$85

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Teamsters Life**

Trade Name if any

P O Box Bldg Room No if any

Street **160 Airway Boulevard**City **Livermore**State **California**ZIP Code + 4 **94551****9 Business deals with**☒ **a Labor Organization**☐ **b Trust**☐ **c Employer****10 If B b or B c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Teamsters Life provides life insurance to the employees of Teamsters Local 601. The amount in item 11b is the premiums paid to Teamsters Life during the year ended December 31 2004

11 b Approximate dollar value of such dealing**\$597****12 a Nature of interest held or income received**

Teamsters Life hosted a reception for attendess of the Teamsters Cannery Council seminar held on October 18 2004 in Reno Nevada

12 b Amount.**\$38**

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Vision Service Plan**Trade Name if any **VSP**

P O Box Bldg Room No if any

Street **3333 Quality Drive**City **Rancho Cordova**State **California** ZIP Code + 4 **95670****9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name **Joint Benefit Trust**

Trade Name if any

P O Box Bldg Room No if any **P O Box 2479**Street **160 Airway Boulevard**City **Livermore**State **California** ZIP Code + 4 **94551-2479****11 a Nature of such dealing**

Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund. The amount in item 11b is the fees paid to VSP during the plan year ended April 30 2004

11 b Approximate dollar value of such dealing**\$57 655****12 a Nature of interest held or income received**

VSP provided half of the cost of food and beverages for a reception hosted by the Teamsters Cannery Council which was held subsequent to their annual seminar in Reno Nevada on October 19 2004

12 b Amount**\$19**

LM-30 Part B
Year 2004

Name of Trust Fund Joint Benefit Trust

Name of Trustee

Lucio M Reyes

Month	Date	Event	Expense Reimbursement	Meals	Lodging	IFOEBP Reg	Transportation (Incidentals)	Total
January	1/26 1/28/04	Board Meeting Santa Barbara	\$ 277 88					\$ 277 88
	1/25/ 1/28/04	Board Meeting Four Seasons Resort		\$ 398 73	\$ 858 00			\$ 1 256 73
	1/20/2004	Mtg administrator consultant		\$ 29 75				\$ 29 75
February								\$
								\$
								\$
March								\$
								\$
								\$
April	4/25-4/28/04	Board Meeting Half Moon Bay	\$ 82 50					\$ 82 50
	4/25-4/28/04	The Ritz Carlton Half Moon Bay		\$ 407 89	\$ 943 92		\$ 70 00	\$ 1 421 81
								\$
May								\$
								\$
								\$
June								\$
								\$
								\$
July								\$
								\$
								\$
August	8/01 8/04/04	Board Meeting Carmel	\$ 133 12					\$ 133 12
	8/01 8/03/04	Quail Lodge		\$ 407 36	\$ 665 86			\$ 1 073 22
								\$
September								\$
								\$
								\$
October	10/11/2004	JBT Benefit Review Livermore	\$ 37 12					\$ 37 12
	10/25 10/27/04	Board Meeting Napa	\$ 70 50					\$ 70 50
	10/24 10/27/04	Silverado Napa		\$ 219 32	\$ 821 94			\$ 1 041 26
								\$
November								\$
		IFOEBP REG 2005						\$
								\$
December	11/29 12/05/04	IFEBP New Orleans	\$ 2 355 32					\$ 2 355 32
	11/23/2004			\$ 82 41				\$ 82 41
								\$
Totals			\$ 2,956 44	\$ 1,545 46	\$ 3,289 72	\$ -	\$ 70 00	\$ 7,861 62

LM-30 Part B
Year 2004

Name of Trust Fund Health Services Benefit Administrators, Inc

Name of Trustee

Lucio M Reyes

Month	Date	Event	Expense Reimbursement	Meals	Lodging	IFOEBP Reg	Transportation (Incidentals)	Total
January								\$
								\$
								\$
February								\$
								\$
								\$
March								\$
								\$
								\$
April								\$
								\$
								\$
May								\$
								\$
								\$
June								\$
								\$
								\$
July								\$
								\$
								\$
August								\$
								\$
								\$
September								\$
								\$
								\$
October	10/18/2004	Cannery Council Meeting		\$ 85 00				\$ 85 00
								\$
								\$
November								\$
								\$
								\$
December								\$
								\$
								\$
Totals			\$	\$ 85 00	\$	\$	\$	\$ 85 00